

**School-Based Medicaid Program Guidance for Submitting a 90-day Waiver Request
Due to COVID-19 State of Emergency
May 8, 2020**

School-Based Medicaid Program (SBMP) providers that missed the 90-day filing limit are able to submit a 90-day filing limit waiver request for interim claims for services provided on or after December 12, 2019. That date is 90 days before Governor Baker declared a state of emergency on March 10, 2020.

Note: The following instructions are for the COVID-19 state of emergency waiver only. Normal 90-day waiver requests require more information.

A copy of the form may be downloaded from www.mass.gov/how-to/submit-a-90-day-claim-waiver-request-form

Completing the form

Be sure to complete all required fields exactly as specified below:

- **Date of Request:** Date submitting the claim(s) for which an override is requested
- **Provider Name:** Name of the SBMP LEA (school district)
- **Provider Address:** LEA's legal address as submitted with the provider contract
- **MassHealth Provider ID/Service Location:** 10-character MassHealth provider ID for the LEA, typically beginning with 1100 and ending with an alphabetic character (e.g. 110012345A)
- **Reason for Request:** Select "Other" and enter "Due to COVID-19 state of emergency" in the explanation field

For waiver requests related to the COVID-19 state of emergency, no additional supporting documentation explaining the circumstances is needed. Specifically, there is no need to attach copies of remittance advices for previously denied claims, etc.

Submitting the claims with the waiver form

There are two options for requesting a waiver. For either option, please submit a **new** claim, even if a claim has previously been denied for failing to meet the filing limit.

1. **Direct Data Entry (DDE)** on the Provider Online Service Center (POSC) for single claims. Attach a completed form to each individual claim submitted.
2. **Batch processing** for multiple claims. Attach a completed form to an entire batch of claims uploaded on the POSC. If you are submitting multiple batches, each batch must have a form attached.

Directions for DDE Option

On the POSC, follow the normal procedure for entering a claim directly under "Enter Single Claim." Then, complete these additional steps to submit the 90-day waiver with the claim:

- On the “Extended Services” tab
 - Enter “Delay Reason code” 8 (delay in eligibility determination)
- On the “Attachments” tab, Attachment detail section, enter
 - Report Type = “OZ” - Support data for claim
 - Transmission code = “EL” – electronically only
 - Control Number: leave blank
 - Browse for your waiver file saved on your computer then upload
- On the “Confirmation” page - The claim will suspend for 90-day waiver under review. Once reviewed, the claim will be released from suspense with the appropriate 90-day override. The claim will be suspended for one to three business days before it is adjudicated as either paid or denied. The claim can still deny for any other issues with the claim.

Directions for Batch File Option:

A provider can submit the 90 Day Waiver Request with the batch claim file(s) either by

- 1) mailing a disk, flash drive, or zip drive to

MassHealth
 ATTN: Final Deadline Appeals Unit
 100 Hancock Street, 6th Floor
 Quincy, MA 02171

or

- 2) sending an email with a password protected claim file(s) to edi@mahealth.net.

The following documents must be submitted with the 90-Day waiver request:

- One 90 Day Waiver Request Form that is completely filled out.
- A password-protected electronic batch file of only those claims to be processed. It must be in the ASC X12 file format and 5010 compliant.
- The provider should send the least number of claim files by not sending one at a time.

FAQs

Q: Will the submitter be notified of approval by email?

A: No, the claim will appear on a subsequent remittance advice.

Q: What if claims have already been submitted and denied for failure to meet the filing limit?

A: A **new** claim must be submitted with the waiver form.

Q: Can a billing vendor submit a batch of claims from multiple providers (LEAs)?

A: No. The waiver form is provider specific, so the batch of claims for which the waiver is requested can only include claims from a single provider.

Q: Is there a limit to the number of claims in a batch with a waiver attached?

A: The limit is the same number of claims as on any 837P file. 837P EDI files have a 5,000 claim limit.

Q: Does the batch need to be a clean batch of only those claims related to the requested waiver? That is, the file cannot be mixed with regular business new claims submitted within filing limit.

A: Correct, the claim batch should include only the claims requiring the waiver.

Q: Is there a deadline by which 90-day waiver requests must be submitted?

A: All claims for dates of service within FY2020 (12/12/2019 – 6/30/2020) must be submitted and paid in MMIS by October 31, 2020, for cost settlement purposes.

Reminder: Approval of a 90-day waiver does not waive other claiming requirements, so claims could still be denied for other valid reasons, such as the member not enrolled or an invalid procedure code, etc.

Once a claim is submitted and approved for the 90-day waiver, if the claim denies for another reason and the claim needs to be resubmitted with a correction, the replace/resubmit option should be used to correct the claim. MMIS retains the 90-day waiver approval information for the claim, so a second waiver form would not be needed with a claim correction.